

Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. 11-21-17 6c

## **Self Funded FINAL Renewal Rates**

Group Name:

Woodbury County

Account Key:

00017570

Renewal Period:

01/01/2018 to 12/31/2018

	Offerings

OBS #189438-54 / 189438-55

Alliance Select

Deductible: \$250 / \$500 Coinsurance: 10% / 20%

OPM: \$750/\$1,250

Office Visit Copay: \$20 BlueRx Complete Deductible: \$250/\$500

Copay: \$6/\$25/\$50 Coinsurance: 20%/20%/20% Current Enrollment

93 Single

280 Family

373 Total

Stop Loss Terms

24/12 Contract

Actual Weekly Claims

Coinsurance: 20%/20%/20%			20	
			COA	
	Level	Fee/Contract	Estimated Annual Premium S Based on Current Enrollmen	A
Individual Stop Loss	\$100,000	\$57.93	\$259,295	
Aggregate Stop Loss	125%	\$4.86	\$21,753	75
			nn eco	1.8
Administrative Fees - Health	w/weekly settlement	\$37.78	\$169,103	7
Administrative Fees - PBM		\$1.10	\$4,924	
Consultant Fee		\$0.00	N 55 7 \$0	
Total Administrative Fees		\$101.67	\$455,075	
Network Access Fee		\$10.13	\$45,342	

	<u>Single</u>	<u>Family</u>	Annual Projection
Expected Claims	\$603.73	\$1,509.33	\$5,745,112
Admin, NAF & Stop Loss Fees	\$52.59	\$131.47	\$500,429
Estimated Suggested Rates*	\$656.32	\$1,640.80	\$6,245,541
Attachment Points	\$754.67	\$1,886.68	\$7,181,457
Admin, NAF & Stop Loss Fees	\$52.59	\$131.47	\$500,429
Estimated Max Liability to Fund*	\$807.26	\$2,018.15	\$7,681,886

<sup>\*</sup>Actual results may vary. Also, rates provided include administrative costs based on the entire group population. Individual Stop Loss includes coverage for Health and Drug and is based on a lifetime maximum of unlimited.

Aggregate Stop Loss includes coverage for Health and Drug. The maximum Aggregate reimbursement is unlimited.

Employer Signature:

Mill to

\_\_\_ Date: <u>//-24-17</u>

Comments: